County: Outagamie
FRANCISCAN CARE/REHAB CENTER
2915 NORTH MEADE STREET
APPLETON 54911 Phone: (920) 831-8700
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/00): 197
Total Licensed Bed Capacity (12/31/00): 200
Number of Residents on 12/31/00: 174

Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census:

Non-Profit Church Related Skilled No Yes 188

Number of Residents on 12/31/00:	****	174	*****	******	. * * * * * * * * *	******	****
Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/0	00) %			
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled	No No No No No No No No No No No No	Pri mary Diagnosis  Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	2. 3 24. 7 3. 4 0. 0 1. 1 6. 3 5. 2 20. 1 13. 2 2. 3 10. 3 10. 9	Age Groups  Under 65 65 - 74 75 - 84 85 - 94 95 & Over  65 & Over  Sex  Mal e Femal e	5. 2 9. 2 33. 9 44. 8 6. 9  100. 0 94. 8	Less Than 1 Year 1 - 4 Years More Than 4 Years  ***********************************	
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## Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)					Private Pay				l Care		Percent		
			Per Die	em		Per Die	m		Per Die	m		Per Dien	1	I	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	8	100.0	\$244. 89	110	90.9	\$100.31	0	0. 0	\$0.00	44	97.8	\$136.00	0	0.0	\$0.00	162	93. 1%
Intermedi ate				8	6.6	\$82.68	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	8	4.6%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0. 0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Dev. Di sabl ed				3	2. 5	\$100. 31	0	0.0	\$0.00	1	2. 2	\$136.00	0	0.0	\$0.00	4	2. 3%
Traumatic Brain Inj		0.0		0	0.0	<b>\$0. 00</b>	0	0. 0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Ventilator-Depender		٠. ٠		0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0%
Total	8	100. 0		121	100. 0		0	0.0		45	100. 0		0	0.0		174	100.0%

***********	****	*****	****	****	****	*********	*****
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti c	ns, Service	s, and Activities as of	12/31/00
beachs builing kepoliting lellou		]		%	Needi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	9. 0	Daily Living (ADL)	Independent	One C	r Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	14. 4		55. 7	29. 9	174
Other Nursing Homes	2.4	Dressi ng	16. 1		51. 1	32. 8	174
Acute Care Hospitals	87. 9	Transferring	31.6		47. 1	21. 3	174
Psych. HospMR/DD Facilities	0.0	Toilet Use	28. 2		51. 7	20. 1	174
Rehabilitation Hospitals	0. 0	Eati ng	65. 5		17. 2	17. 2	174
Other Locations	0.8	***************	******	*******	******	********	******
Total Number of Admissions	379	Continence	1 0 1	%	Special Trea		<b>%</b>
Percent Discharges To:		Indwelling_Or Externa		2. 9		Respiratory Care	13. 2
Private Home/No Home Health	47. 3	Occ/Freq. Incontinent		59. 8		Tracheostomy Care	0. 6
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	<b>52</b> . 9		Suctioning	0. 6
Other Nursing Homes	2. 7					Ostomy Care	1. 1
Acute Care Hospitals	20. 2	Mobility	,	00 =		Tube Feeding	2. 3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	30. 5	Recei vi ng	Mechanically Altered D	i ets 29. 9
Rehabilitation Hospitals	0.0				0.1 8 .1		
Other Locations	6. 9	Skin Care		~ -		ent Characteristics	70. A
Deaths	22. 9	With Pressure Sores		7. 5		nce Directives	76. 4
Total Number of Discharges	400	With Rashes		4. 6	Medications		<b>50.0</b>
(Including Deaths)	406	1			Kecei vi ng	Psychoactive Drugs	50. 6

	Thi s	Al l			
	Facility	Based Facilities	Facilties		
	%	% Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	94. 0	87. 5 1. 07	84. 5	1. 11	
Current Residents from In-County	81. 6	83. 6 0. 98	77. 5	1.05	
Admissions from In-County, Still Residing	12. 7	14. 5 0. 87	21. 5	0. 59	
Admi ssi ons/Average Daily Census	201. 6	194. 5 1. 04	124. 3	1.62	
Discharges/Average Daily Census	216. 0	199. 6 1. 08	126. 1	1.71	
Discharges To Private Residence/Average Daily Census	102. 1	102. 6 1. 00	49. 9	2.05	
Residents Receiving Skilled Care	93. 1	91. 2 1. 02	83. 3	1. 12	
Residents Aged 65 and Older	94. 8	91. 8 1. 03	87. 7	1.08	
Title 19 (Medicaid) Funded Residents	69. 5	66. 7 1. 04	69. 0	1.01	
Private Pay Funded Residents	25. 9	23. 3 1. 11	22. 6	1. 14	
Developmentally Disabled Residents	2. 3	1.4 1.68	7. 6	0. 30	
Mentally Ill Residents	28. 2	30. 6 0. 92	33. 3	0.84	
General Medical Service Residents	10. 9	19. 2 0. 57	18. 4	0. 59	
Impaired ADL (Mean)*	46. 7	51. 6 0. 90	49. 4	0. 95	
Psychological Problems	50. 6	52. 8 0. 96	50. 1	1.01	
Nursing Care Required (Mean)*	7. 5	7.8 0.96	7. 2	1.04	